

EXHIBIT XVI-C-5 -- STD. 995A FOR PAR ABATEMENT

STATE OF CALIFORNIA

NON-USPS—AGENCY COLLECTION ACCOUNTS RECEIVABLE

STD 995A (NEW 7-94)

*Complete and submit to: State Controller, PPSD - W-2 Unit***TAX YEAR COLLECTED****20nn**

Remittance Advice Number

Dated

Rnnnnn

2/2/nn

The following payments to clear Payroll Accounts Receivable have been submitted to the State Controller's Office on:

SOCIAL SECURITY NUMBER	EMPLOYEE NAME (First Initial, Middle Initial, Surname)	PAYMENT TYPE	PAY PERIOD OF A/R (Month/Year)	ISSUE DATE OF A/R (Month/Day/Year)	A/R NUMBER (5 Digits)	AMOUNT COLLECTED
999-99-9999	John A. Doe	6	10nn	12nnnn	09991	300.00
999-99-9999	John A. Doe	6	10nn	12nnnn	09995	100.00

I certify that I am duly authorized by the herein named state agency to make this report and certification;
that data stated herein is correct, complete and in accordance with all laws and regulations.

REPORTING OFFICER'S SIGNATURE

DATE

09/30/nn

TYPE OR PRINT NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS FORM

John Doe

TELEPHONE NUMBER Include Area
Code or use CALNET)

(916) 445-9999

FROM (Agency Name)

Department of Air Quality

EXHIBIT XVI-C-6
POSTING TAG FOR PAR ABATEMENT REMITTANCE ADVICE

FIELD NAME	INFORMATION
TC	Enter 124. TC 124 debits GL 1115 and credits GL 1110.
FFY	Enter the year to which the abatement applies. This is the fiscal year to which the original expenditure was charged.
VENDOR/S (Vendor Number/Suffix)	Enter the Vendor Number for the State Treasurer's Office.
DOC DATE (Current Document Date)	Enter the last date of the collection period on the RA. This ensures that the remittance transaction is posted correctly on the H03/H05 reports.
CUR DOC/S (Current Document/Suffix)	Enter the RA number (Rxxxxx) from the Remittance Advice box on the Form CA-21A.
INDEX	Optional field - Enter the Index that the original expenditure was charged to.
OBJ DTL/AO	Optional field - Enter the Object Detail and Agency Object (if applicable) that the original expenditure was charged to. This field is required only for Category appropriations.
PCA	Optional field - Enter the PCA that the original expenditure was charged to.
AMOUNT	Enter the remittance amount.
SOURCE/AS	Enter 580100 (Refunds of Salary Overpayment).
CHECK	First 3 digits - Enter the 3-digit bank account number from the Checking Account No. box on the RA. Fourth digit – Enter R. Last 5 digits – Enter the 5-digit agency assigned number from the Remittance Advice box on the RA.
APPN SYM (Appropriation Symbol)	Required only if PCA is not entered.
FUND SRCE (Fund Source)	Required only if PCA is not entered. Refer to the PCA Table through Command I.9.
FUND/DTL (Fund/Fund Detail)	Required only if PCA is not entered. Refer to the PCA Table through Command I.9.
METHOD	Required only if PCA is not entered. Refer to the PCA Table through Command I.9.
DUE DATE	Enter the date the RA is prepared and/or faxed to SCO.

EXHIBIT XVI-C-10 -- STD. 995A FOR REVERTED PAR

STATE OF CALIFORNIA

NON-USPS—AGENCY COLLECTION ACCOUNTS RECEIVABLE

STD 995A (NEW 7-94)

*Complete and submit to: State Controller, PPSD - W-2 Unit***TAX YEAR COLLECTED****20nn**

Remittance Advice Number

Dated

Rnnnnn**2/2/nn**

The following payments to clear Payroll Accounts Receivable have been submitted to the State Controller's Office on:

SOCIAL SECURITY NUMBER	EMPLOYEE NAME (First Initial, Middle Initial, Surname)	PAYMENT TYPE	PAY PERIOD OF A/R (Month/Year)	ISSUE DATE OF A/R (Month/Day/Year)	A/R NUMBER (5 Digits)	AMOUNT COLLECTED
999-99-9999	John A. Doe	K	10nn	12nnnn	08889	200.00
999-99-9999	John A. Doe	0	10nn	12nnnn	08890	300.00

I certify that I am duly authorized by the herein named state agency to make this report and certification;
that data stated herein is correct, complete and in accordance with all laws and regulations.

REPORTING OFFICER'S SIGNATURE

DATE

09/30/nn

TYPE OR PRINT NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS FORM

John DoeTELEPHONE NUMBER Include Area
Code or use CALNET)**(916) 445-9999**

FROM (Agency Name)

Department of Air Quality

EXHIBIT XVI-C-11
POSTING TAG FOR REVERTED PAR REMITTANCE ADVICE

FIELD NAME	INFORMATION
TC	Enter 124. TC 124 debits GL 1115 and credits GL 1110.
FFY	Enter the year to which the Refunds To Reverted Appropriations applies.
VENDOR/S (Vendor Number/Suffix)	Enter the Vendor Number for the State Treasurer's Office.
DOC DATE (Current Document Date)	Enter the last date of the collection period on the RA. This ensures that the remittance transaction is posted correctly on the H03/H05 reports.
CUR DOC/S (Current Document/Suffix)	Enter the RA number (Rxxxxx) from the Remittance Advice box on the Form CA-21A.
INDEX	Optional field - Enter the appropriate Index. Refer to the H03 Report.
PCA	Optional field - Enter the appropriate PCA. Refer to the H03 Report.
AMOUNT	Enter the remittance amount.
SOURCE/AS	Enter 570000.
CHECK	First 3 digits - Enter the 3-digit bank account number from the Checking Account No. box on the RA. Fourth digit – Enter R. Last 5 digits – Enter the 5-digit agency assigned number from the Remittance Advice box on the RA.
APPN SYM (Appropriation Symbol)	Required only if PCA is not entered.
FUND SRCE (Fund Source)	Required only if PCA is not entered. Refer to the PCA Table through Command I.9.
FUND/DTL (Fund/Fund Detail)	Required only if PCA is not entered. Refer to the PCA Table through Command I.9.
METHOD	Required only if PCA is not entered. Refer to the PCA Table through Command I.9.
DUE DATE	Enter the date the RA is prepared and/or faxed to SCO.